

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

14	11	8	37
OMB APPRO	AVC	L	╗ ゚
OMB Number: Expires: April 30, 2008 Estimated average burden hours per response 16.00	323	5-0076	

SEC USE ONLY

Serial

Prefix

	UNIFORM LIMITED OFFERING EXEMPTION DATE	RECEIVED
Hummingbird SPAC Par	check if this is an amendment and name has changed, and indicate change.) artners, L.P. – Private Placement	
Filing Under (check box Type of Filing: New	x(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE REVENUE PROPERTY REVENUE Amendment	CEIVED
	A. BASIC IDENTIFICATION DATA	5 2000
	tion requested about the issuer	., 6007
Name of Issuer (che Hummingbird SPAC Par	artners, L.P.	80 SCHUIT
Address of Executive Of	Offices (Number and Street, City, State, Zip Code) Telephone Number (Inc.)	ding Area Code)
460 Park Avenue, 12th F	Floor, New York, New York 10022 212 750-7036	
Address of Principal Bus Operations		uding Area Code)
(if different from Execut		
Brief Description of Bus		
Investment Partnership		
Type of Business Organi	nization	
corporation		specify): Limited Liability
business trust	☐ limited partnership, to be formed Company	
Actual or Estimated Date	ate of Incorporation or Organization: Month Year	BOAAFAAFA
	07 07	PROCESSED
		orp.+1.0007
Jurisdiction of Incorpora	ration or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	SEP 1 2007
	D E	THOMSON
	CN for Canada; FN for other foreign jurisdiction)	FINANCIAL
GENERAL INSTRUCTIO	ONS	
Federal: Who Must File: All issuers n	making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.50)1 et seq. or 15 u.s.c. 77d(6).
Commission (SEC) on the ea	ist be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date gistered or certified mail to that address.	
Where to File: U.S. Securities	ties and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.	
	copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manuall ear typed or printed signatures.	y signed must be photocopies of the
Information Required: A new requested in Part C, and any	ew filing must contain all information required, Amendments need only report the name of the issuer and offering y material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not	g, any changes thereto, the information the filed with the SEC.
Filing Fee: There is no feder	eral filing fee.	
adopted this form. Issuers re payment of a fee as a precon	indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be ordition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be The Appendix to the notice constitutes a part of this notice and must be completed.	, or have been made. If a state requires the

ATTENTION

form displays a currently valid OMB control number

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the

SEC 1972

(6-02)

			IDENTIFICATION D	ATA	
2. Enter the informa	•	-			
 Each beneficial o issuer; 	wner having the		, or direct the vote or disp	osition of, 10%	or more of a class of equity securities of the ners of partnership issuers; and
		er of partnership issuers.	or corporate general and		ners or paralership issuers, and
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Member of General Managing Partner Partner
Full Name (Last name first, Sonkin, Paul	if individual)				
Business or Residence Address 460 Park Avenue, 12th Floor	ess (Number and New York, New	1 Street, City, State, Zip C v York 10022	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Member of General Managing Partner Partner
Full Name (Last name first, Kahn, Judd	if individual)			-	
Business or Residence Addr	ess (Number and	l Street, City, State, Zip C	Code)		
460 Park Avenue, 12th Floor					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	☐ General and/or ☐ Member of General Managing Partner Partner
Full Name (Last name first, Hummingbird Capital, LLC	if individual)				
Business or Residence Addr			Code)		
460 Park Avenue, 12th Floor Check Box(es) that Apply:	New York, Nev Promoter	w York 10022 ☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Member of General
		Beneficial Owner	C Executive Officer		Managing Partner Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	d Street, City, State, Zip (Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Member of General Managing Partner Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	d Street, City, State, Zip (Code)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	d Street, City, State, Zip (Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	d Street, City, State, Zip (Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	d Street, City, State, Zip (Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)			-"	
Business or Residence Addr	ess (Number and	d Street, City, State, Zip (Code)		
	(Use blank	sheet, or copy and u	se additional copies	of this sheet,	as necessary.)
-		<u> </u>			

Answer also in Appendix, Column 2, if filing under ULOE. Answer also in Appendix, Column 2, if filing under ULOE. Answer also in Appendix, Column 2, if filing under ULOE. Answer also in Appendix, Column 2, if filing under ULOE. N/A Answer also in Appendix, Column 2, if filing under ULOE. N/A Let the the minimum investment that will be accepted from any individual? N/A Let the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)						ы.	INFURM	ATION O	PPEKING				
2. What is the minimum investment that will be accepted from any individual? 3. Does the offering permit joint ownership of a single unit?	1.	Has the issue	er sold, or do	oes the issue	r intend to	sell, to non-	-accredited	investors ir	this offeri	ng?		· · · <u>-</u>	
3. Does the offering permit joint ownership of a single unit?	2.	What is the i	minimum in	vestment th					, if filing un	der ULOE.			N/A
solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	3.	Does the off	ering permit	joint owner	rship of a si	ingle unit?					•••••		
Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	4.	solicitation of dealer regist	of purchasers	in connect e SEC and/o	ion with sal or with a sta	les of securi	ities in the o	offering. If me of the br	a person to oker or dea	be listed is ler. If more	an associa	ted person o	or agent of a broker or
Name of Associated Broker or Dealer	Full	Name (Last n	ame first, if	individual)				·				•	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Bus	iness or Resid	ence Addres	s (Number	and Street,	City, State,	Zip Code)	,					
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Nan	ne of Associat	ed Broker o	Dealer									
III. [IN]											***************************************	************************	All States
Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	[IL] [M] [R]	[IN] [NE] [SC]	[IA] [NV] [SD]	[KS] [NH] [TN]	[KY] [NJ] [TX]	[LA] [NM]	[MÉ] [NY]	[MĎ] [NC]	[MA] [ND]	[м] [он]	[MN] [OK]	(MS) (OR)	[MÓ] [PA]
Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Bus	iness or Resid	ence Addres	s (Number	and Street,	City, State,	Zip Code)						
(Check "All States" or check individual States) □ All States [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]	Nan	ne of Associat	ed Broker or	Dealer									
[IL] [IN] [IA] [KS] [KY] [LA] [MÉ] [MĎ] [MÁ] [MÍ] [MŇ] [MŠ] [MĎ] [MĎ] [MŤ] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]													□ All States
	[IL] [M]	(IN) (NE)	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[М] (ОН]	[MN] [OK]	[MS] [OR]	[MÓ] [PA]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount ì. already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Type of Security Aggregate Already Sold Offering Price Debt..... Equity ☐ Common ☐ Preferred Convertible Securities (including warrants)..... 5,000,000 Partnership Interests Other (Specify) Total Answer also in Appendix, Column 3, if filing under ULOE Enter the number of accredited and non-accredited investors who have purchased securities 2. in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases 15,000,000 Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all 3. securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Type of offering Type of Dollar Amount Sold Security Rule 505 Rule 504 a. Furnish a statement of all expenses in connection with the issuance and distribution of the 4. securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Ø Legal Fees..... Accounting Fees Engineering Fees Sales Commissions (specify finders' fees separately)

Other Expenses (identify).....

Total

40,000

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSE	S A	ND USE OF PE	100	CEEDS
	b. Enter the difference between the aggregate offering price given in response to part C — Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."				14,960,000
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b above.				
			Payments to Officers, Directors & Affiliates		Payments to Others
	Salaries and Fees		\$		S
	Purchase of real estate				\$
	Purchase, rental or leasing and installation of machinery and equipment		\$		S
	Construction or leasing of plant buildings and facilities		s		\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		\$		\$
	Repayment of Indebtedness	_	\$		\$
	Working capital		\$		\$
-	Other (specify)		\$		\$
	Column Totals		\$		\$
	Total Payments Listed (column totals added)			\$	_
	D. FEDERAL SIGNATURE	-			
unde Excl	issuer has duly caused this notice to be signed by the undersigned duly author rule 505, the following signature constitutes an undertaking by the issuer tange Commission, upon written request of its staff, the information furnishment to paragraph (b)(2) of Rule 502.	to fi	arnish to the U.S	S. Se	ecurities and
Issue	er (Print or Type) Signature	D	ate		
Hum	amingbird SPAC Partners, L.P.	Se	eptember <u>4</u> , 20	07	
Nam	e of Signer (Print or Type) (Title of Signer (Print or Type)				
_Judd	Kahn Vice President, Hummingh	;'rk	Capital. L	<u>(</u>	
	ATTENTION		/0 10110 C 10		
	Intentional misstatements or omissions of fact constitute federal criminal viola	tions	. (See 18 U.S.C. 10	₩I.)	

		E. STATE SIGNATURE			
1.	• • •	R 230.262 presently subject to any of the disqu		Yes	No
		See Appendix, Column 5, for state resp	onse.		
2.	The undersigned issuer hereby t (17 CFR 239.500) at such times	indertakes to furnish to any state administrator as required by state law.	of any state in which this notice is file	ed, a notice o	on Form
3.	The undersigned issuer hereby to offerees.	undertakes to furnish to the state administrators	, upon written request, information fu	mished by ti	he issue
4.	Offering Exemption (ULOE) of	ats that the issuer is familiar with the condition the state in which this notice is filed and unde ablishing that these conditions have been satis	rstands that the issuer claiming the ava		
		ows the contents to be true and has duly caused		by the	
,	Print or Type) ingbird SPAC Partners, L.P.	Signature	Date September <u>4</u> , 2007		
Name (Judd K	Print or Type) ahn	Title (Print or Type)	d Capital, LLC (gene	al Roh	<u>~</u> \

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	7	2	3		4			5		
	inventor	o sell to credited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No	Common Stock	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ										
AR	<u> </u>						·			
CA	İ									
СО							· -			
СТ										
DE										
DC										
FL										
GA										
HI										
ID										
IL										
IN										
IA	<u> </u>									
KS										
KY										
LA										
ME										
MD										
MA										
MI										
MN										
MS										
МО										

APPENDIX

1	 	2	3							
	Intend to non accinventors (Part C	redited s in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No	Common Stock	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
MT								163	1.0	
NE	1				1					
NV										
NH										
NJ										
NM	 									
NY	-									
NC										
ND										
ОН										
ОК						,,				
OR										
PA							1			
RI	1									
SC										
SD				•	<u> </u>					
TN										
TX										
UT										
VT										
VA										
WA	х		\$15,000,000	2	\$15,000,000					
WV										
WI										
WY										
PR							1		1	

